



If any of the following information has changed, please provide an update. Thank you for taking the time to ensure that your contact information is up-to-date.

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Member Information

AGD # : _____

Date of birth _____ (mm/dd/yyyy)

First name MI Last name Designation (e.g. DDS, DMD, BDS, FAGD, MAGD, LLSR)

Do you currently hold a valid U.S./Canadian dental license? No Yes License number State/province Date renewed (mm/yyyy)

Type of membership: (Check one.) Active general dentist Associate (dental specialist) Resident Dental student Affiliate

If you are not in general practice, please indicate your specialty: _____

Current dental practice environment: (Check one.) Solo Associateship Group practice Hospital Resident Corporate Other

Faculty Please indicate institution Federal Services Please indicate branch

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. military counterpart Local Canadian constituent

Contact Information

Your AGD constituent is determined by your business address, unless one is not available.

Preferred billing/mailling address: Business Home Preferred method of contact: Email Mail Phone

Business address City State/province ZIP/postal code

Name of business (if applicable) Phone Fax

Home address City State/province ZIP/postal code

Phone Primary email Website address

Educational Information

Are you a graduate of an accredited* U.S./Canadian dental school? Yes No Currently enrolled

Dental school State/province Country Date of graduation (mm/yyyy)

Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program? Yes No Currently enrolled Type: AEGD GPR Other

Postdoctoral institution State/province Country Start date (mm/dd/yyyy) End date (mm/dd/yyyy)

Optional Information

Gender Male Female

Ethnicity American Indian Asian African-American Hispanic Caucasian Other

I am interested in participating in the AGD Mentor Program as a: Mentor Mentee

*Official accreditation is given by CODA in the U.S. and CDAC for all Canadian provinces. **Accredited dental residencies qualify for the resident membership rate. Official proof of enrollment must be provided to AGD.

AGD Privacy Information The AGD has systems and procedures in place to protect your privacy in relation to the handling of your personal information. The AGD does not collect personal information unless it is necessary to perform one or more of its functions and activities. On occasion, the AGD may collect personal information, but only with your consent or when required to by law. For more information, please visit www.agd.org or contact the AGD Membership Services Center at 888.243.3368.

Refer a Colleague!

First name MI Last name Designation (e.g. DDS, DMD, BDS)

Business address City State/province ZIP/postal code

Primary email Phone Fax

Return this form to: Texas Academy of General Dentistry, 1016 La Posada Drive, Suite 200, Austin, TX 78752, fax to 512-371-7178, or email to Membership@TAGD.org.